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State of Wisconsin

Department of Health and Family Services

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HI-LIGHTS AND SIRENS Memo Series 00-02

June 2000

TO: Ambulance Service Providers

Ambulance Service Medical Directors

EMS Training Centers

First Responder Organizations

EMS Coordinators EMS Advisory Board

Emergency Physicians Advisory Committee

Paramedic Systems of Wisconsin

FROM: Bureau of EMS and Injury Prevention

Wisconsin Emergency Medical Services Systems Section

RE: Miscellaneous Updates

PUBLIC HEARINGS TO BE HELD ON ADMINISTRATIVE RULE CHANGES

Hearings for HFS 110 (Ambulance Providers and EMT-Basic rule) and HFS 112 (EMT-Paramedic) have been scheduled. Anyone interested in providing public testimony can do so at any of the times and places listed below. Individuals may also provide written input on the rules by sending their written testimony to the Bureau of EMS and Injury Prevention at PO box 2659, Madison, WI 53701-2659. The deadline for written submission is July 7, 2000.

A copy of the proposed rules can be found on the Department website at: http://www.dhfs.state.wi.us/DPH_EMSIP/index.htm

To find out more about the hearings or to request copies of the rules write or call:

Bev Jensen (608/266-1568) Division of Public Health Bureau of EMS and Injury Prevention P.O. Box 2659 Madison, WI 53701-2659



The public hearings will be held:

Date & Time

June 22, 2000 Thursday 12:30 – 4:30 p.m.

June 23, 2000 Friday 9:00 a.m. – 1:00 p.m.

June 27, 2000 Tuesday 12:30 – 4:30 p.m.

June 28, 2000 Wednesday 5:00 – 8:30 p.m.

June 29, 2000 Thursday 1:00 – 4:30 p.m.

Location

Room B139 State Office Building 1 W Wilson Street Madison, WI

Room 40 State Office Building 819 N 6th St. Milwaukee, WI

Room 123 State Office Building 610 Gibson St. Eau Claire, WI

Auditorium Wausau Public Library North 1st St. Wausau, WI

Room 152A State Office Building 200 N Jefferson St. Green Bay, WI

MAIL PROBLEMS



We have ambulance service representatives calling on a daily basis claiming to never have received our mailings for license renewals, EMS Funding Assistance Program applications, expenditure reports and EMS Provider Handbooks. Where is the mail going? Who is getting it and what are they doing with it? A service's mail should all go to one address. We use the mailing address listed on the provider application. It

is your responsibility to keep us informed of any change to this "official" address. It is the ambulance services' responsibility to ensure that their mail is being collected and properly disseminated in a timely manner.



RENEWAL UPDATE

I didn't take a refresher course between July 1, 1998 and June 30, 2000. Now what?

You still have an opportunity to renew your license until June 30, 2001 without retaking the National Registry Certification Exam. You may not, however, represent yourself as, function as or perform the duties of a licensed EMT after June 30, 2000 until you have renewed your license.

Late renewal requires the same documentation as normal renewals:

- a completed application
- a copy of both sides of your current CPR for the professional/provider card
- proof of successful completion of a state-approved refresher course(s)

You are able to renew your license by meeting these requirements within one year after your license expires (June 30, 2001). If you choose to renew your license after June 30, you should be aware that you would have to complete yet another refresher course to renew your license in the year 2002.

It is July 1, 2000 and I don't have my license back. Now what?

You should consider yourself current if your renewal application was submitted and postmarked on or before June 30, 2000 unless you hear otherwise from this office.

Driving Records

If you answer "yes" to the first Criminal History question on the EMT license application because of a traffic violation, you **must** submit a copy of your driving abstract. If you answer "yes" to the second question because of a traffic violation, you **must** provide documentation explaining the pending charge(s); for example, a copy of the citation.

The information being requested in the Criminal History questions is because certain crimes may only appear on your driving record. Examples of such crimes are s. 940.25, Stats., injury by intoxicated use of a vehicle; s. 346.62, Stats., reckless driving; or s. 346.63, Stats., operating under the influence of an intoxicant or other drug. Convictions for these types of crimes may be substantially related to the duties of an EMT as per s. 146.50(6)(a)1, Stats.

You can request a copy of your driving record in three ways:

- by phoning (608) 266-2353. The Department of Transportation (DOT), Drivers License Records Section will send your driving abstract and bill you for \$3.00. Have your driver license number ready.
- in writing to Wisconsin Department of Transportation (DOT), Drivers License Records, 4802 Sheboygan Avenue, Madison WI 53702. The cost is \$3.00 per record. Make your check payable to the Wisconsin DOT and include your driver license number.
- in person at Hill Farms State Office Building, 4802 Sheboygan Avenue in Madison.

Failure to submit the appropriate documentation will delay the processing of your application.

Criminal Histories

If you answer "yes" to the first Criminal History question on your renewal application because of a conviction or pending charges, you **must** submit the following documentation:



- the police report or criminal complaint (available from the clerk of court in the county in which you were convicted)
- a copy of the Judgment of Conviction (also available from the clerk of court)
- name and telephone number of your probation officer
- any other relevant information, which could include a statement from you about what happened, any participation in rehabilitative programs, etc.

If you answer "yes" to the second Criminal History question on your renewal application because you have pending charges or offenses awaiting official charges, you **must** provide the following information:

- a list of each crime or offense, when it occurred and the city, county and state where the court is located
- if available, a copy of the criminal complaint

Failure to submit the appropriate documentation will delay the processing of your application.

A NEW DO-NOT-RESUSCITATE BRACELET

EMTs will soon be seeing a new do-not-resuscitate bracelet on their patients. Wisconsin residents now have a choice between a plastic and a metal bracelet to identify themselves as having a do-not-resuscitate order. The written do-not-resuscitate order is issued by a physician under chapter 154 of the Wisconsin statutes. It directs emergency medical technicians, first responders, and emergency health care facilities personnel to not attempt resuscitation but to only provide comfort care to a person for whom the order is issued, if that person suffers cardiac or respiratory arrest.

Two types of DNR bracelets are now available to identify a person with a valid DNR order. The plastic bracelet (which looks like a hospital identification band) has been used in Wisconsin since 1995. The attending physician or designee attaches a standardized DNR plastic bracelet with an insert containing the preprinted logo of the Sate of Wisconsin. The insert must include the physician's name, business telephone number and signature.

The new metal bracelet (from MedicAlert) displays the internationally recognized symbol Staff of Aesculapius on the front and the words "Wisconsin-Do-Not-Resuscitate-EMS" and the qualified patient's first and last name engraved on the back. There is still room on the back of the bracelet to add other health concerns and MedicAlert's 24 hour emergency phone number. The metal bracelet will be ordered by the patients' attending physician through MedicAlert.

Before receiving either bracelet, the attending physician must counsel the patient or the legal guardian or health care agent of an incapacitated patient, provide written information about DNR procedures, and document in the patient's file the qualifying medical condition that warrants the DNR order.

The patient or the patient's guardian or health care agent who signed the DNR order can revoke the DNR order by expressing to emergency health care personnel the desire that the patient be resuscitated, or by removing, or asking someone to remove the bracelet. The attending physician shall be notified as soon as possible.

MedicAlert will be mailing a supply of metal bracelet order forms to Wisconsin physicians within the nex month. After the physician mailing, order forms for either bracelet can be obtained through physicians, orde forms for the metal bracelet through MedicAlert, or either form can be ordered from Wisconsin Department o Health & Family Services/Division of Public Health/Bureau of Emergency Medical Services and Injury Prevention.



DOMESTIC PREPAREDNESS

The Bureau of Emergency Medical Services and Injury Prevention works with Wisconsin Emergency Management, a Division in the Department of Military Affairs, on a wide range of topics and subjects dealing with natural and man-made disasters.

One subject that we hear discussed on an increasing frequency is that of domestic preparedness, or terrorism. In 1993 the World Trade Center was bombed in New York City. Two years later a federal building was bombed in Oklahoma City and Tokyo, Japan experienced a sarin gas attack in the city's subway system. These events provided a vivid picture of what determined individuals or groups could accomplish if not deterred or detected in time.

We all recognize that we are dependent on the services of first responders (police, fire and EMS) in our cities and communities to quickly recognize and respond to all types of local emergency situations. This also applies to events, which involve the actions of terrorists. Because of this we need to collectively raise our level of awareness and education involving terrorist incidents.

Wisconsin Emergency Management has developed a publication entitled "POCKET RESPONSE GUIDE TO TERRORIST GUIDE TO TERRORIST INCIDENTS". This guide provides some basic information on the recognition, safe response and scene management of such events for local first responders.

The Bureau of Emergency Medical Services and Injury Prevention is mailing a copy of this brochure to all EMS Providers for your information and use. If you desire more copies or would like additional information on local activities or training that may be available in your area, please contact your county, or local, department of emergency management.

Also included in this mailing is a copy of a special bulletin from the National Domestic Preparedness Office (NDPO). NDPO was created in the U.S. Department of Justice to serve as a single program and policy office for domestic preparedness activities that could support states and the local first responder community.

This special bulletin provides sample guidelines for responding to a threat or actual incident, which involves a weapon of mass destruction (WMD). A weapon of mass destruction is a nuclear, biological, chemical or explosive/incendiary device or agent, which could be used to kill or injure large numbers of people.

These guidelines were developed by a number of federal agencies, including the Centers for Disease Control and Prevention. We are mailing this to providers because of the recent wave of anthrax letter threats that occurred in southeastern Wisconsin. We urge you to review your current operating plans or procedures in conjunction with other local agencies and services that may be involved in a threat or actual incident should one occur in your community. If you would like to obtain more information on the NDPO you can visit their website at http://www.fbi.gov/programs/ndpo/default.htm



EMS FUNDING ASSISTANCE PROGRAM UPDATES

Applications for the EMS Funding Assistance Program (FAP) were sent to ambulance service providers on May 22, 2000. These applications are to be completed and returned by June 26, 2000. All ambulance services desiring eligibility for direct payment of FAP funds and/or EMT Basic and EMT Basic Refresher tuition reimbursement must complete and return an application. Services that do not submit an application by the due date will no longer be eligible for FAP paid tuition for EMT classes.

The EMS Funding Assistance Program Expenditure Report for Fiscal Year (FY) 98 was due December 31, 1999. If your service has not yet submitted this expenditure report, please do so at once. The Expenditure Report for FY99 isn't due until December 31, 2000, as services have not received the final payment from FY99 funds. The Expenditure Report for FY00 isn't due until December 31, 2001.

Providers will be receiving two FAP checks in the near future. One check will be the final payment for FY99. That check will be for a set amount less any tuition reimbursement due to the State. The other check will be a middle check for FY00 in the amount of \$500 less any tuition reimbursement due to the State for the period July 1, 1999 through June 30, 2000.

Additionally, the review of the mini-grant applications has been completed. Ambulance service providers will soon be notified of awards and award amounts if their application was selected. Although we would have liked to fund all proposals, there were over 100 applications and only \$30,000 available.

FOR MORE INFORMATION

For more information on these and other topics, check out the Wisconsin Emergency Medical Services on the Internet at http://www.dhfs.state.wi.us/DPH EMSIP/index.htm.

IN THE NEXT NUMBERED MEMO SERIES

The next numbered memo series will contain information for ambulance service providers on the latest exposure control requirements from the Occupational Safety and Health Administration on.

WMD THREATS: SAMPLE GUIDELINES

SAMPLE GUIDELINES FOR RESPONDING TO WMD THREATS

1. Anonymous caller indicating a WMD threat (including anthrax)

Law enforcement response including local authorities and FBI agent Fire department/HazMat response not recommended unless device is found. Routine law enforcement investigation.

Investigative actions during this response may include:

- Information gathering at the scene
- Building evacuation/search following local protocol
- Taking control of the building ventilation system may be warranted based upon investigative findings.
- Attention should be focused on appliances or devices foreign to the surroundings.
- Included should be an assessment of the building ventilation system to rule out forced entry and tampering.
- Protective equipment should not be required unless hazards or risks are indicated.
- Investigation similar to a telephonic bomb threat.

Suspicious findings during investigation should initiate a public safety response including:

- Fire/EMS/HazMat
- EOD team
- Notifications per local plan which should include local and state health departments.

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2. Potential WMD device located

Follow local protocols for risk assessment and evaluation of potential explosive devices. Included in the response should be:

- Law enforcement including local authorities and FBI agent.
- Fire/EMS/HazMat.
- EOD team.
- Local and state health departments.

If explosive device is not ruled out, coordinate efforts with local/regional EOD authority.

If explosive device is ruled out:

- Evaluate for potential chemical. biological or radioactive filler.
- If radioactive filler appears to be present, contact FBI to request additional assistance.
- If no hazardous materials appear to be present, response continues as a law enforcement investigation.

Device with potential chemical or biological filler or supplement.

- Follow law enforcement protocols for documentation of the crime scene.
- Contain the package following recommendations from a hazardous materials authority.
- Options include double bagging, steel cans, polly containment vessels, or utilization of a hazardous materials over-pack.
- Control the material as evidence and submit sample for laboratory analysis.

Potential release of WMD material from a device.

- Control the ventilation system.
- Follow protocols for a hazardous materials incident.
- Evaluate the extent of contamination.
- Evacuation of affected areas and decontamination procedures should be selected on the basis of an incident and risk assessment.
- Provide medical attention following the recommendations from the local/regional public health medical authority.
- Control and or isolate the hazard.
- Treat as hazardous materials crime scene.
- Request assistance from FBI.

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3. Specific situations - envelope with potential threat of biological material, letter opened and material present.

Public safety response including local authorities and FBI agent.

Contain the package following recommendations from a hazardous materials authority.

- Options include double bagging, steel cans, polly containment vessels, or utilization of a hazardous materials over-pack.
- Control the material as evidence and submit sample for laboratory analysis.

Provide medical attention/decontamination following the recommendations from the local/regional public health medical authority.

- Evaluate the extent of contamination.
- Evacuation of the affected area and decontamination procedures should be selected on the basis of an incident hazard and risk assessment.
- Generally, medical prophylaxis and decontamination have not been indicated except for washing hands with soap and warm water.

4. Specific situations - envelope with potential threat of biological material, letter opened and no material present.

Law enforcement response including local authorities and FBI agent

• Fire department/EMS/HazMat response not recommended unless suspicious material is found or individuals are presenting symptoms.

Handle the package following HazMat protocols.

- Double bag the material and place in a suitable container such as an evidence paint can.
- Control the material as evidence and submit sample for laboratory analysis.

No medical attention/decontamination is necessary unless symptoms are present, although local public health authorities should be notified.

Handle as a law enforcement investigation.

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5. Specific situations - envelope with potential threat of biological material, letter not opened.

Law enforcement response including local authorities and FBI agent.

- Fire department/HazMat response not recommended unless suspicious material is found.
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Handle the package following HazMat protocols.

- Double bag the material and place in a suitable container such as evidence paint can.
- Control the material as evidence and submit for laboratory analysis.

No medical attention/decontamination is necessary.

Handle as a law enforcement investigation.

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